

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017470

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 1354VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED** **DEATH** **MAY 9 1962**  
a. COUNTY **St. Louis**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Gardenville**

Length of stay in 1b

**YRS**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **4639 Teiman Ave.**Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY OR TOWN **Gardenville**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**4639 Teiman**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

**Frank**

Middle

**Carnaghi**

Last

4. DATE OF DEATH

Month

Day

Year

**May 2, 1962**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**7/20/1878**9. AGE (last birthday)  
**83**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Laborer**10b. KIND OF BUSINESS OR INDUSTRY  
**—**11. BIRTHPLACE (City and state or country)  
**Italy**12. CITIZEN OF WHAT COUNTRY  
**U.S.**

13a. FATHER'S NAME

**Arthur Carnaghi**

13b. MOTHER'S MAIDEN NAME

**Louise (Unknown)**

14. NAME OF HUSBAND OR WIFE

**Frances Carnaghi**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Clara Pessina, 4639 Teiman**18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary Thrombosis**INTERVAL BETWEEN  
ONSET AND DEATH  
**15 minutes**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**Atherosclerotic Heart Disease****10 years**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Nov 1958** to **May 2, 1962** and last saw him alive on **May 2, 1962**  
Death occurred at **9:15 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Domenico Lelucolo MD**

22b. ADDRESS

**1931 Marion**

22c. DATE SIGNED

**5/2/62**23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE

**5-3-62**

23c. NAME OF CEMETERY OR CREMATORY

**Resurrection Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis Co., Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Calcaterra Funeral Home, 5142 Daggett Ave. 5-2-62**

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**John C. Murphy MD**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Stanley A. Sifton*

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.